# *SUMMARY AND CONCLUSION*

The defects in the region of posterior fontanel of the lateral nasal wall, or accessory ostia, have been described in the literature by numerous authors, especially since the beginning of the endoscopic era. These defects have been categorized as iatrogenic (surgically created) or accessory ostia (presumed to be physiological). In our opinion, however, it is literally a defect (a 'hole') in the lateral nasal wall. Our thinking is based on the very well known fact that the lateral nasal wall has two spots of very low resistance: the posterior and anterior fontanels.

This defect is more common and frequent in patients with chronic rhinosinusitis rather than healthy persons with no nasal problems. Mucus moves over the lateral nasal wall, falls into the hole in the posterior fontanel, and finds itself again in the maxillary sinus. Now, it joins the normal mucous blanket, making it thicker, and continues traveling to the maxillary sinus ostium. Once all of this mucus is out the sinus and enters the nasal cavity, the process is repeated leading to mucus recirculation with formation of mucus ring.

This leads to chronic inflammation of related maxillary sinus and even serves as maintainers of chronic infection. Chronic inflammation of maxillary sinus can, of course, act as a promoter of various disturbances that can bother the patient substantially, such as postnasal drip, headache and prolonged cough. There for this clinical situation called the Two Holes Syndrome (THS). This name should warn every doctor that the hole in the posterior fontanel is not just an anatomic rarity but a clinical sign that requires meticulous additional work on the patient.